



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**Maine Board of Licensure of Foresters - Initial Application**  
**Required Application Fee: \$30.00    See instructions on Page 4**

METHOD OF APPLICATION (CHECK ONE)	
	BS degree or higher & 24 months internship
	AS degree & 48 months internship
	Education Variance & 48 months internship
	Licensed in another jurisdiction (where? _____). <i>You must provide an original letter of certification from that jurisdiction.</i> Does state or jurisdiction have a reciprocal agreement with Maine? _____ <i>If yes, provide date of becoming a Maine resident _____</i>
	Professional Forestry practice in another jurisdiction. (See §5515(5))

**Office Use Only:**  
FOR1446 - \$30.00

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number: XXXX-XXXX-XXXX-XXXX		Expiration Date mm / yyyy	
<b>SIGNATURE</b>		<b>DATE</b>	

# Maine Board of Licensure of Foresters - Initial Application (Page 2)

Applicant Name: \_\_\_\_\_

**EDUCATION** *All applicants EXCEPT Intern Foresters must list the names of all institutions of higher education attended, the beginning and ending dates at each institution, graduation dates, and degrees obtained (if applicable). Attach original official transcripts; photocopies will NOT be accepted. Please refer to [www.safnet.org](http://www.safnet.org) for a list of approved forestry degree programs.*

Name of School	Dates Attended	Graduation Date	Degree Awarded	Accredited? (yes or no)

**REFERENCES** *All applicants must submit the names and complete addresses of three forester references who can support the applicant's forestry experience. Please type or print legibly.  
(Intern forester applicants: one of the references must be your sponsor)*

Reference Name	Complete mailing address and telephone number	License Number

**ARE YOU A MAINE RESIDENT? IF SO, YOU MAY SKIP THIS SECTION.**

**IF YOU ARE NOT A MAINE RESIDENT, YOU MUST FILL OUT THE INFORMATION BELOW:**

APPLICANT NAME:                      *FIRST*                      *MIDDLE*                      *LAST*

LEGAL RESIDENCE:                      *CITY AND STATE*

**WHEREAS** I have made application for a non-resident license to practice forestry in the State of Maine in accordance with the provisions of 32 M.R.S.A., Chapter 76; and

**WHEREAS**, pursuant to 32 M.R.S.A. §5516 it is necessary for a non-resident license applicant to file an irrevocable consent to service agreement with the Director of the Office of Licensing & Registration within the Department of Professional and Financial Regulation;

**NOW, THEREFORE**, I hereby execute and file with the Director of the Office of Licensing & Registration this irrevocable consent that actions may be commenced against me in the proper court of any county in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Office of Licensing & Registration. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

**IN WITNESS WHEREOF** I have hereunto signed by name.

*Applicant Signature*

*Date*

## Maine Board of Licensure of Foresters - Initial Application (Page 3)

Applicant Name: \_\_\_\_\_

## Internship Experience

*All Applicants must give full information on forestry-related experience and employment based on the Method of Application from page 1. METHOD REQUIREMENTS:*

*Applicant with BA degree: 24 months sponsored experience*

*Applicant with AS degree or education variance: 48 months sponsored experience*

*Applicant from other jurisdictions: complete history.*

*Each of the four subject areas must ordinarily account for no less than 10% of the intern forester's work experience during the internship (See Board Rules, Chapter 60, Section 1).*

*For each employer, state the dates of employment, total months employed, location, work responsibilities, and percentage of time devoted to professional forestry activity. Please be thorough and specific in describing your work responsibilities.*

*Attach additional sheets if necessary.*

[illegible]

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **How come this is so many pages? What do I need to send in?** Pages 1-3 (and \$30) are required when you first apply for authorization to take the examination. After you pass the SAF examination, send in the final page of this packet with an additional \$85.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



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MAILING ADDRESS

CITY                      STATE                      ZIP                      COUNTY

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**CRIMINAL BACKGROUND DISCLOSURE**

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

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**SIGNATURE**

**DATE**

**Maine Board of Licensure of Foresters - licensing application  
Required Fee: \$91.00 (includes criminal records check fee)**

*Submit this page only after you pass the SAF exam.*

**Office Use Only:**

LF1421 - \$70.00  
2619 - \$21.00

**Notice to applicant**

You must include your original exam score report from SAF with this application.

Please indicate your license number here: LF \_\_\_\_\_.  
(Your license number is on the letter you received from the board, and can be found on our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing))

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

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I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my  
☐ VISA                      ☐ MASTERCARD                      the following amount: \$ \_\_\_\_\_

Card number:      *XXXX-XXXX-XXXX-XXXX*                      Expiration Date      *mm / yyyy*

**SIGNATURE**

**DATE**